

## DEPARTMENT OF HEALTH SERVICES

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December 27, 1995

## Medi-Cal Eligibility Branch Information Letter No.: I-95-33

TO: All County Welfare Directors  
All County Administrative Officers  
All County Medi-Cal Program Specialists/Liaisons

**INFORMATIONAL NOTICE TO NEW SUPPLEMENTAL SECURITY INCOME/STATE  
SUPPLEMENTARY PAYMENT (SSI/SSP) RECIPIENTS**

The purpose of this Medi-Cal Eligibility Branch Information Letter is to inform counties that the enclosed Informational Notice to new SSI/SSP recipients is in the final approval stage. If no other comments are received, we will be sending this form to the printer. In our Department of Health Services' E-Mail of October 30, 1995, we asked for comments regarding this notice from the counties. We have received comments from seven (7) counties and California MEDS Advisory Group and have incorporated those suggestions into this final draft. The Medi-Cal Eligibility Branch is asking that you phone any additional comments to Ken Craig of my staff at (916) 654-0450 no later than December 22, 1995.

## FINAL DRAFT

**IMPORTANT INFORMATION FOR NEW SUPPLEMENTAL SECURITY  
INCOME/STATE SUPPLEMENTARY PAYMENT (SSI/SSP) RECIPIENTS****BENEFITS IDENTIFICATION CARD**

You have been approved for Medi-Cal benefits because you have been approved for current SSI/SSP benefits. Enclosed is a plastic Benefits Identification Card (BIC). This (BIC/plastic card) can be used to verify your eligibility, allowing your Medi-Cal providers to bill for medical care you have in the month you receive your card and future months. If your doctor or your health provider tells you your Medi-Cal eligibility is for a county in which you do not reside, you must contact your Social Security Administration (SSA) office to have them correct their records.

**PAYMENT OF PRIOR MONTH MEDICAL BILLS**

The first month of your eligibility for Medi-Cal is the same month as the first month that your SSI/SSP was approved. This may include a number of months before you received your plastic card. If you had medical services from a Medi-Cal provider, that provider can bill Medi-Cal for those services. However, you must contact the providers you saw during this period so that these providers can bill Medi-Cal. Payment for services more than one (1) year prior to receiving your BIC require an Eligibility Letter of Authorization. This form is obtained by bringing in your award letter or a letter from the SSA to your local county welfare office and asking for the unit that handles SSI/SSP inquiries. Keep copies of your medical bills to assist you in determining what month(s) you need to request Medi-Cal benefits. **IMPORTANT. This request should be made within six (6) months of the date of the award letter.**

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**PREVIOUSLY DENIED MEDI-CAL**

If you were previously denied Medi-Cal through the county welfare department because the SSA determined that you were not disabled under SSI/SSP and you filed a SSA appeal and won, you should go back to the county with your SSA award letter as soon as possible because you may be found eligible for past Medi-Cal benefits.

**DO NOT THROW AWAY YOUR BIC.** If you got Medi-Cal in the past, you may already have a plastic BIC that can be used again. If you lose your card, contact your local county welfare office and ask for a new card. **If you are issued a new card, then your old card should be destroyed.**

**RETROACTIVE MEDI-CAL COVERAGE**

If you need Medi-Cal for any of the three (3) months **before** the date you applied for SSI/SSP, contact your local welfare office now and request Medi-Cal for those months.

**IMPORTANT.** Do not delay contacting your local county welfare office as any request for retroactive coverage must be timely. You must show the BIC to your provider(s) so that they can verify your eligibility and bill unpaid balances to the Medi-Cal program; not doing so can affect your credit record.

**MEDI-CAL MANAGED CARE**

Medi-Cal Managed Care is a state program that contracts with various health care plans. The managed health care plans must give directly, or arrange, all medical services for you. You can ask your local county welfare office if managed care plans are available. Ask how to contact the health care plan or the local health care options worker.

**IF YOUR SSI/SSP IS STOPPED OR DENIED DUE TO EXCESS PROPERTY OR INCOME**

Contact the local county welfare office right away to apply for ongoing Medi-Cal benefits if you receive a notice that your SSI/SSP has been stopped or denied.

**IF YOU HAVE MORE THAN ONE PROVIDER**

If you get treatment from more than one doctor, you should tell each doctor about the other doctor(s). Do not abuse your Medi-Cal benefits. It is a crime to get drugs through false statements or allow others to use your Medi-Cal card or number.

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**IF YOU HAVE PRIVATE HEALTH INSURANCE**

As a Medi-Cal beneficiary, you must report any private health insurance you have to the SSA. **Having private health insurance does not prevent you from being eligible for Medi-Cal; however, failing to report it can result in termination of Medi-Cal benefits.** State and federal law requires Medi-Cal providers to bill your private health insurance before billing the Medi-Cal program.

If your private health insurance is through a Prepaid Health Plan or Health Maintenance Organization (PHP/HMO), you must go to your health plan to receive health care services. Medi-Cal may not pay for services available through a PHP/HMO plan if you choose to seek treatment elsewhere.

Additionally, the Health Insurance Premium Payment (HIPP) and Employer Group Health Plan (EGHP) Programs may pay your health insurance premiums for you **if it is cost effective.** If you have high monthly health care costs and presently have health insurance or have health insurance available to you, you may qualify for one of the two programs.

Questions about Medi-Cal and private health insurance or eligibility requirements for the HIPP/EGHP Programs can be answered between 8:00 a.m. and 5:00 p.m., Monday through Friday, by calling the Department of Health Services' toll-free phone line at 1-800-952-5294.

**OTHER INFORMATION YOU MUST REPORT**

You must report any changes to the SSA that might affect your eligibility to get SSI/SSP.

You must report when you get Medi-Cal services because of an accident or injury caused by someone else. Report the accident or injury to the Department of Health Services, P.O. Box 2471, Sacramento, California 95812-2471 or call (916) 323-4836. If you receive any direct payments from insurance for services paid by Medi-Cal, send them to the Department of Health Services, P.O. Box 2946, Sacramento, California 95812-9973.

**MEDICARE**

If you do not already get Social Security benefits, you must apply for Medicare benefits at the local SSA office if you are 64 years and 9 months of age or older.

— Sincerely,

Original signed by

Frank S. Martucci, Chief  
Medi-Cal Eligibility Branch

Enclosure